	Initial Application Amended Application
Da	6/28/18



City of Tucson COMMITTEE STATEMENT OF ORGANIZATION

COMMITTEE ID NUMBER (office use only)

18-284-CT

Committee Name (required): First or last name & office)							
Candidate Information:	Candidate's N	ame (required):					
	Candidate's m	ailing address (r	equired):		079		
	Candidate's er	mail address (red	quired):				-
	Candidate's pl	hone number (re	quired):		The second	N 29	ξ.
					F 1	9	- 1
					要量	P	574 E
Office Sought (choose one):	■ Mayor	☐ Council Mem	ber, Ward		ra	W	
Election Cycle for Office Sou	ght (year the ele	ection will take pl	ace) (required):			26	
Party Affiliation: required)	☐ Democrat	☐ Libertarian	□ Republican □	Other:			
☐ Political Action Com	mittee (PAC)						
Committee Name (required): if sponsored, must include sponsor's name)	<u> </u>		Yes on Prop	407			
Political Function (optional): select any that apply)	☐ Contribution ☐ Ballot Meas	ns ☐ Car sure Expenditure	ndidate-Related Independ s 🗖 Recall Expe	SANDA ON SANDA			
Sponsorship Information:	Sponsor's nar	me or nickname ((required):				
if applicable)	Sponsor's ma	iling address (red	quired):				
			uired):				
			ny):				
	Shoneor's Ma	bsite (if any):					
	oponsor s we						on
	ed with Secreta	☐ Standir	☐ Separate Segregated ng Committee (must also ovide proof of Mega PAC	complete separate st	anding committ	ee registrat	ion)
	ed with Secreta	☐ Standir	ng Committee (must also	complete separate st	anding committ	ee registrat	ion)
if applicable) Political Party Committee Name (required)	ed with Secretar	☐ Standir	ng Committee (must also	complete separate st	anding committ	ee registrat	ion)
if applicable) Political Party Committee Name (required) (must include party affiliation	:State Party	☐ Standir ga PAC (must pr	ng Committee (must also ovide proof of qualification pursu	complete separate st status to filing officer	anding committ) (amended ap	ee registrat plications o	ion)
if applicable) Political Party Committee Name (required) (must include party affiliation	: State Party	☐ Standir ga PAC (must pr y (must include p rrty (must include	ng Committee (must also ovide proof of qualification pursus	complete separate st status to filing officer ant to A.R.S. § 16-80 suant to A.R.S. § 16-80	anding committ) (amended ap of or § 16-804) 802 or § 16-804	ee registrat plications o	ion)
if applicable) Political Party Committee Name (required) (must include party affiliation	: State Party County Pa	☐ Standir ga PAC (must pr y (must include p arty (must include e District Party (m	org Committee (must also lovide proof of Mega PAC proof of qualification pursuant include proof of organization for the proof of qualification pursuant include proof of organization proof organizati	complete separate st status to filing officer ant to A.R.S. § 16-80 suant to A.R.S. § 16-	anding committ () (amended ap of or § 16-804) 802 or § 16-804	ee registrat plications o	ion)
Special Status must be file if applicable) Political Party Committee Name (required) (must include party affiliation Jurisdiction:	: State Party County Pa	☐ Standir ga PAC (must pr y (must include p arty (must include e District Party (m	ng Committee (must also ovide proof of qualification pursus	complete separate st status to filing officer ant to A.R.S. § 16-80 suant to A.R.S. § 16-	anding committ () (amended ap of or § 16-804) 802 or § 16-804	ee registrat plications o	ion)

☐ Initial Application☐ Amended Application☐

Date:

6/28/18

Candidate's signature (if applicable): _



City of Tucson COMMITTEE STATEMENT **OF ORGANIZATION**

COMMITTEE ID NUMBER (office use only)

JUN 29 P3:26

Contact Information: Committee's mailing address (required): Committee's phone number (if any): Committee's website (if any): Committee's website (if any): Chairperson's Information: Chairperson's mame (required): Chairperson's mame (required): Chairperson's mame (required): Chairperson's mamiling address (required): Chairperson's mailing address (required): Chairperson's mailing address (required): Chairperson's mailing address (required): Chairperson's email address (required): Chairperson's email address (required): Chairperson's phone number (required): Chairperson's employer (required): Chairperson's occupation (required): Treasurer's Information: Treasurer's mailing address (required): Treasurer's mailing address (required): Treasurer's mailing address (required): Treasurer's email address (required): Self - Self Treasurer's Information: Treasurer's mailing address (required): Treasurer's mailing address (required): Treasurer's email address (required): Treasurer's email address (required): Treasurer's mailing address (required): Treasurer's email address (required): Treasurer's email address (required): Treasurer's emailing address (required): Treasurer's email address (required): Treasurer's email address (required): Treasurer's emailing address (required): Treasurer's emailing address (required): Treasurer's emailing address (required): Treasurer's email address (required): Treasurer's emailing	MITTEE INFORMATION:				
Committee's mailing address (required): Committee's phone number (if any): Committee's website (if any): Committee's website (if any): Chairperson's Information: Chairperson's physical address (required): Chairperson's mailing address (required): Chairperson's email address (required): Chairperson's mailing address (if different): Chairperson's physical address (required): Chairperson's email address (required): Chairperson's email address (required): Chairperson's email address (required): Chairperson's phone number (required): Chairperson's cocupation (required): Treasurer's name (required): Treasurer's name (required): Treasurer's name (required): Treasurer's name (required): Treasurer's mailing address (required): Treasurer's email address (required): Self Treasurer's employer (required): Bank or Financial Institution: (do not list acct numbers) Additional bank name (if applicable): Alternative & Turcson, AZ 85716 - Turcson, AZ 1800 en proved & Turcson, AZ 180	OIT V OLEDY	ja-			
Committee's email address (required):	ntact Information:	Committee's mailing address (required):	4500 E S	Speedway Blvd #41	
Committee's phone number (if any): Committee's website (if any): Chairperson's Information: Chairperson's name (required): Chairperson's physical address (required): Chairperson's mailing address (if different): Chairperson's mailing address (required): Chairperson's email address (required): Chairperson's phone number (required): Chairperson's phone number (required): Chairperson's cocupation (required): Chairperson's name (required): Chairperson's occupation (required): Chairperson's name (required): Chairperson's name (required): Chairperson's occupation (required): Treasurer's Information: Treasurer's physical address (required): Treasurer's mailing address (required): Treasurer's email address (required): Treasurer's email address (required): Treasurer's phone number (required): Treasurer's phone number (required): Self Treasurer's employer (required): Self Treasurer's occupation (required): Bank or Financial Institution: (do not list acct numbers) Additional bank name (if applicable): I declare under penalty of perjury that the foregoing information is true and correct. I further declare that I: (1) consent chairperson or treasurer of the committee named herein, if applicable; (2) designate the above-named committee as my office the committee as my office.			haaaau	icker@gmail.com	
Chairperson's Information: Chairperson's Information: Chairperson's mame (required): Chairperson's physical address (required): Chairperson's mailing address (if different): Chairperson's email address (required): Chairperson's email address (required): Chairperson's email address (required): Chairperson's phone number (required): Chairperson's cocupation (required): Chairperson's name (required): Treasurer's Information: Treasurer's name (required): Treasurer's mailing address (required): Treasurer's email address (required): Treasurer's physical address (required): Treasurer's email edaires (required): Treasurer's e		* * * *			
Chairperson's Information: Chairperson's physical address (required): Chairperson's physical address (required): Chairperson's mailing address (if different): Chairperson's mailing address (if different): Chairperson's email address (required): Chairperson's phone number (required): Chairperson's employer (required): Chairperson's occupation (required): Treasurer's Information: Treasurer's mailing address (required): Treasurer's mailing address (required): Treasurer's mailing address (required): Treasurer's email address (required): Treasurer's employer (required): Treasurer's employer (required): Self Treasurer's employer (required): Bank or Financial Institution: (do not list acct numbers) Additional bank name (if applicable): Additional bank name (if applicable): Additional bank name (if applicable): I declare under penalty of perjury that the foregoing information is true and correct. I further declare that I: (1) consent chairperson or treasurer of the committee named herein, if applicable; (2) designate the above-named committee as my office.					
Chairperson's mailing address (required): Chairperson's mailing address (if different): Chairperson's email address (required): Chairperson's email address (required): Chairperson's phone number (required): Chairperson's employer (required): Chairperson's employer (required): Chairperson's employer (required): Chairperson's employer (required): Chairperson's occupation (required): Treasurer's Information: Treasurer's name (required): Treasurer's mailing address (required): Treasurer's mailing address (required): Treasurer's mailing address (required): Treasurer's email address (required): Treasurer's email address (required): Treasurer's employer (required): Treasurer's employer (required): Treasurer's employer (required): Treasurer's occupation (required): Business Owner Wells Fargo Additional bank name (if applicable): Additional bank name (if applicable): Additional bank name (if applicable): I declare under penalty of perjury that the foregoing information is true and correct. I further declare that I: (1) consent chairperson or treasurer of the committee named herein, if applicable; (2) designate the above-named committee as my offi		to down the first the content of the first o		& Tom Warne	
Chairperson's mailing address (if different): Chairperson's email address (required): Chairperson's phone number (required): Chairperson's employer (required): Chairperson's cocupation (required): Chairperson's occupation (required): Treasurer's Information: Treasurer's name (required): Treasurer's mailing address (required): Treasurer's mailing address (required): Treasurer's mailing address (required): Treasurer's email address (required): Treasurer's employer (required): Treasurer's employer (required): Treasurer's occupation (required): Business Owner Wells Fargo Additional bank name (if applicable): I declare under penalty of perjury that the foregoing information is true and correct. I further declare that I: (1) consent chairperson or treasurer of the committee named herein, if applicable; (2) designate the above-named committee as my offi	inperson's information.	Chairperson's physical address (required):	3849 E Broadwa	y #298 - 6701 N St Andre	ews
Chairperson's email address (required): bruce@burkepc.com - jlinvestments@aol Chairperson's phone number (required): 520-360-6450 - 520-907-0672 Chairperson's employer (required): Self - Self Chairperson's occupation (required): Attorney - Investor Treasurer's Information: Treasurer's name (required): Rebecca Wicker Treasurer's physical address (required): 4500 E. Speedway Blvd #41, Tucson, AZ Treasurer's mailing address (if different): Treasurer's email address (required): beccawicker@gmail.com Treasurer's employer (required): 520-310-1619 Treasurer's employer (required): Self Treasurer's occupation (required): Business Owner Bank or Financial Institution: (do not list acct numbers) Additional bank name (if applicable): Additional bank name (if applicable): Additional bank name (if applicable): Interest of the committee named herein, if applicable; (2) designate the above-named committee as my officially as my officially as my officiable; (2) designate the above-named committee as my officially as my officia		Chairperson's mailing address (if different)	. Tucson, AZ 85	5716 - Tucson, AZ 8571	8
Chairperson's phone number (required): 520-360-6450 - 520-907-0672 Chairperson's employer (required): Self - Self Chairperson's occupation (required): Attorney - Investor Treasurer's Information: Rebecca Wicker Treasurer's physical address (required): 4500 E. Speedway Blvd #41, Tucson, AZ Treasurer's mailing address (if different): beccawicker@gmail.com Treasurer's email address (required): 520-310-1619 Treasurer's employer (required): Self Treasurer's occupation (required): Business Owner Bank or Financial Institution: (do not list acct numbers) Additional bank name (if applicable): Additional bank name (if applicable): ECLARATION AND SIGNATURES: I declare under penalty of perjury that the foregoing information is true and correct. I further declare that I: (1) consent chairperson or treasurer of the committee named herein, if applicable; (2) designate the above-named committee as my office.		Chairperson's amail address (required):	bruce@burkepc.co	om - jlinvestments@aol.co	om
Chairperson's employer (required): Chairperson's occupation (required): Treasurer's Information: Treasurer's name (required): Treasurer's mailing address (required): Treasurer's mailing address (required): Treasurer's email address (required): Treasurer's email address (required): Treasurer's email address (required): Treasurer's employer (required): Treasurer's employer (required): Treasurer's occupation (required): Self Treasurer's occupation (required): Bank or Financial Institution: (do not list acct numbers) Additional bank name (if applicable): ECLARATION AND SIGNATURES: I declare under penalty of perjury that the foregoing information is true and correct. I further declare that I: (1) consent chairperson or treasurer of the committee named herein, if applicable; (2) designate the above-named committee as my offi			EDD 200 07	150 - 520-907-0672	
Chairperson's occupation (required): Treasurer's Information: Treasurer's name (required): Treasurer's physical address (required): Treasurer's mailing address (if different): Treasurer's email address (required): Treasurer's email address (required): Treasurer's email address (required): Treasurer's employer (required): Treasurer's employer (required): Treasurer's occupation (required): Bank or Financial Institution: (do not list acct numbers) Additional bank name (if applicable): Additional bank name (if applicable): Additional bank name (if applicable): I declare under penalty of perjury that the foregoing information is true and correct. I further declare that I: (1) consendationers or treasurer of the committee named herein, if applicable; (2) designate the above-named committee as my office.					-
Treasurer's Information: Treasurer's name (required):					
Treasurer's physical address (required): Treasurer's mailing address (if different): Treasurer's email address (required): Treasurer's email address (required): Treasurer's phone number (required): Treasurer's employer (required): Treasurer's occupation (required): Bank or Financial Institution: (do not list acct numbers) Additional bank name (if applicable): I declare under penalty of perjury that the foregoing information is true and correct. I further declare that I: (1) consendators or treasurer of the committee named herein, if applicable; (2) designate the above-named committee as my office.			Dahaas	ca Wicker	/.
Treasurer's mailing address (if different): Treasurer's email address (required): Treasurer's phone number (required): Treasurer's employer (required): Treasurer's occupation (required): Bank or Financial Institution: (do not list acct numbers) Additional bank name (if applicable): Additional bank name (if applicable): ECLARATION AND SIGNATURES: I declare under penalty of perjury that the foregoing information is true and correct. I further declare that I: (1) consendairperson or treasurer of the committee named herein, if applicable; (2) designate the above-named committee as my office.	asurer's Information:	reasurer's name (required):			712
Treasurer's email address (required):				DIVU # 11, 1 400011, 7 12 00	
Treasurer's phone number (required):			hononyi	cker@amail.com	
Treasurer's employer (required):					
Treasurer's occupation (required):				#0 [#04]#175707	
Bank or Financial Institution: Bank name (required): Additional bank name (if applicable): I declare under penalty of perjury that the foregoing information is true and correct. I further declare that I: (1) consent chairperson or treasurer of the committee named herein, if applicable; (2) designate the above-named committee as my office.					
Additional bank name (if applicable): Additional bank name (if applicable): ECLARATION AND SIGNATURES: I declare under penalty of perjury that the foregoing information is true and correct. I further declare that I: (1) consendation or treasurer of the committee named herein, if applicable; (2) designate the above-named committee as my office.					
Additional bank name (if applicable):					
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I declare under penalty of perjury that the foregoing information is true and correct. I further declare that I: (1) consen chairperson or treasurer of the committee named herein, if applicable; (2) designate the above-named committee as my offi		Additional bank name (if applicable):			
campaign finance and reporting guide; (4) agree to comply with Arizona election law, including campaign finance laws codi	eclare under penalty of pe airperson or treasurer of the nmittee and authorize it to npaign finance and reportir	erjury that the foregoing information is true committee named herein, if applicable; (in receive/make contributions/expenditures and guide; (4) agree to comply with Arizona	 designate the above on my behalf, if applicated election law, including 	-named committee as my officia lble; (3) have read the Secretar g campaign finance laws codifie	I candic y of Sta d at A.F
§§ 16-901 to 16-938; and (5) agree to accept all notifications and legal service of process for campaign finance purposes address(es) provided herein. Chairperson's signature: Date: Date:	16-901 to 16-938; and (5)	agree to accept all notifications and lega	service of process for	r campaign finance purposes vi	a the er

Date: _

Аглепоео Аррисатоп

Date:

6/28/18



Committee's mailing address (required):

Committee's email address (required): _______
Committee's phone number (if any): _______

OF ORGANIZATION

4500 E Speedway Blvd #41

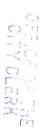
beccawicker@gmail.com

(office use only)

COMMITTEE INFORMATION:

Contact Information.

	Committee's website (if any):	
Chairperson's Information:	Chairperson's name (required):	Bruce Burke & Tom Warne
	Chairperson's physical address (required	
	Chairperson's mailing address (if different	
	Chairperson's email address (required):	bruce@burkepc.com - jlinvestments@aol.com
	Chairperson's phone number (required):	520-360-6450 - 520-907-0672
	Chairperson's employer (required):	
	Chairperson's occupation (required):	
Treasurer's Information:	Treasurer's name (required):	Rebecca Wicker
	Treasurer's physical address (required):	4500 E. Speedway Blvd #41, Tucson, AZ 85712
	Treasurer's mailing address (if different):	79 47-29-10 - MINOR (MINOR (MI
	Treasurer's email address (required):	beccawicker@gmail.com
	Treasurer's phone number (required):	
	Treasurer's employer (required):	Self
	Treasurer's occupation (required):	Business Owner
Bank or Financial Institution:	Bank name (required):	Wells Fargo
(do not list acct numbers)	Additional bank name (if applicable): Additional bank name (if applicable):	
ECLARATION AND SIGNAT	URES:	and the second s
chairperson or treasurer of tre committee and authorize it to campaign finance and report	corjury that the foregoing information is to be committee named herein, if applicable; (o receive/make contributions/expendtures ing guide; (4) agree to comply with Arizon of agree to accept all notifications and legal	 designate the above-named committee as my official car on my behalf, if applicable; have road the Secretary of the secretary including campaign from the secretary of t
I declare under penalty of p chairperson or treasurer of the committee and authorize it to campaign finance and report §§ 16-901 to 16-938; and (5 address(es) provided herein.	corjury that the foregoing information is to be committee named herein, if applicable; (o receive/make contributions/expendtures ing guide; (4) agree to comply with Arizon of agree to accept all notifications and legal	2) designate the above-named committee as my official can on my behalf, if applicable; (3) have read the Secretary of a a election law, including campaign finance laws codified at all service of process for campaign finance purposes via the
i declare under pensity of p chairperson or treasurer of the committee and authorize it to campaign finance and report §§ 16-901 to 16-938; and (5 address(es) provided herein. Chairperson's signature:	carjury that the foregoing information is to the committee named herein, if applicable, to receive/make contributions/expenditures ing guide; (4) agree to comply with Arizon agree to accept all notifications and logs	



18 JUN 29 P3

Initial Application
Amended Application

6/28/18 Date:



City of Tucson COMMITTEE STATEMENT **OF ORGANIZATION**

COMMITTEE ID NUMBER (office use only)

COMMITTEE INFORMATION:

Contact Information:	Committee's mailing address (required): _	4500 E Speedway Blvd #41
	Committee's email address (required):	beccawicker@gmail.com
	Committee's phone number (if any):	
	Committee's website (if any):	
Chairperson's Information:	Chairperson's name (required):	Bruce Burke & Tom Warne
	Chairperson's physical address (required):	
	Chairperson's mailing address (if different)	
	Chairperson's email address (required):	oruce@burkepc.com - jlinvestments@aol.com
	Chairperson's phone number (required):	520-360-6450 - 520-907-0672
	Chairperson's employer (required):	
	Chairperson's occupation (required):	Attorney - Investor
Treasurer's Information:	Treasurer's name (required):	Rebecca Wicker
	Treasurer's physical address (required): 4	500 E. Speedway Blvd #41, Tucson, AZ 8571
	Treasurer's mailing address (if different): _	
	Treasurer's email address (required):	beccawicker@gmail.com
	Treasurer's phone number (required):	520-310-1619
	Treasurer's employer (required):	Self
	Treasurer's occupation (required):	Business Owner
Bank or Financial Institution:	Bank name (required):	Wells Fargo
(do not list acct numbers)	Additional bank name (if applicable):	
	Additional bank name (if applicable):	
ECLARATION AND SIGNAT	URES:	

declare under penalty of perjury that the foregoing information is true hairperson or treasurer of the committee named herein, if applicable; (2) ommittee and authorize it to receive/make contributions/expenditures or	designate the above-named my behalf, if applicable; (3)	committee as my of have read the Secre	ficial candid etary of Sta	late te's
ampaign finance and reporting guide; (4) agree to comply with Arizona s § 16-901 to 16-938; and (5) agree to accept all notifications and legal s ddress(es) provided herein.				
Chairperson's signature: Lucel Luke	Date:	6/25/18		
reasurer's signature:	Date:	Q	~	
Candidate's signature (if applicable):	Date:		JIN 2	
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